

are \$3,000 or less will be furnished all the medical service their cases require without any cost whatever except monthly charges shown above.

#### SPECIAL NOTE

California Physicians' Service is not yet prepared to offer beneficiary membership agreements for doctors' services to families of members or to individuals not in groups. These coverages will be offered later.

Members of families of group members may secure hospital coverage *now* from the hospital associations shown below.

#### INSURANCE ASSOCIATION OF APPROVED HOSPITALS INTERCOAST HOSPITALIZATION INSURANCE ASSOCIATION

<i>Rates for Dependents of Group Members</i>	<i>Per Month</i>
Spouse (wife or husband).....	80c
Dependent child (30 days to 19 years).....	40c
Dependent child (19 years or over).....	90c

Where the 40-cent rate applies, all dependent children in that age group must apply or no minor child will be accepted.

Dependents will receive hospital services described, plus payment for x-ray examinations and laboratory services, *i. e.*, urinalysis, complete blood count, coagulation time, and smears, when a regular bed patient.

No additional registration fee for dependents.

#### BROAD COVERAGE

The conditions excluded are listed in bold-faced type in membership agreements: (See "Note" below.)

These are:

Mental disorders, drug addiction, and alcoholism.

Injuries received as result of lawless acts by the member, or intentionally self-inflicted.

Injuries covered by workmen's compensation laws.

Conditions already existing at time of becoming a member.

Services will be furnished for:

Diseases peculiar to sex.

Cancer, including deep x-ray and radium therapy.

Accidents not covered by workmen's compensation, etc.

#### NOTE

**Hernia, Tonsil, Adenoid, Nasal Septum Operations.**—Hospital and medical care both provided after you have been a member for twelve months.

**Obstetrics.**—Hospital care excluded. Medical service furnished after you have been a member twenty-four months.

**Tuberculosis.**—Hospital care excluded after diagnosis is established. Medical care furnished for one year.

**Service Outside of California.**—Hospitalization is furnished anywhere in the world. Medical service limited to California.

Further information concerning the services described may be secured at the offices listed below:

California Physicians' Service, 220 Montgomery Street, San Francisco; 448 South Hill Street, Los Angeles.

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Insurance Association of Approved Hospitals, 369 Pine Street, San Francisco; 675 East Santa Clara, San Jose; Easton Building, Oakland.

Intercoast Hospitalization Insurance Association, 1127 J Street, Sacramento.

## PREMARITAL LAW\*

### Premarital Examinations for Syphilis Suggestions for Physicians

A law requiring examinations and blood tests for syphilis before marriage goes into effect in California on September 19, 1939. It is known as Chapter 383, Acts of 1939; Article IIA, Chapter I, Title I, Part III, Division First, of the Civil Code.

#### Provisions of the Law

The law provides that every man and woman contemplating marriage in the State must present to the county clerk a certificate signed by a duly licensed physician stating that, at the time of examination, the applicant did not have syphilis in a form which might be communicated to the marital partner. The certificate will also carry the signature of a laboratory representative testifying that there has been made a standard serological test for syphilis as defined by the State Board of Health.

The serological test and such examination as is necessary for the discovery of syphilis must be made within thirty days before the day the license is issued. The usual confidential relationship between physician and patient shall be maintained. All laboratory reports are confidential. Violation of the confidential provisions of the law regarding certificate forms, laboratory reports and the information they contain, constitutes a misdemeanor.

When extenuating circumstances exist, the law provides that a superior court judge may order the county clerk to issue a license without the presentation of a physician's certificate.

#### Administration of the Law

The State Department of Public Health will distribute the certificate form to laboratories. They will not be issued direct to physicians. The laboratory will forward the certificate form to the physician at the time it sends him the report of a premarital serological test.

The only new procedures for the physician are:

1. *To designate that this is a premarital test when the specimen of blood is sent to the laboratory.*

2. *To report to the laboratory the full name and complete address of the person from whom the blood was taken.*

3. *To fill out the second half of the certificate form and give it to the person who was examined. The certificate form will be sent the physician with the laboratory report.*

Specimens may be sent by the physician to the laboratory which regularly serves him, provided it is licensed or approved to do such tests. The laboratory makes its report to the physician on the original copy of a special form provided by the State Department of Public Health. The duplicate is sent to the state health department. The triuplicate is retained on file by the laboratory.

#### Criteria for Certification

*What type of examination is necessary?*

The examination should include an adequate history, an adequate physical examination and a serological test.

*Who may be certified for marriage without question?*

Patients who have no local lesions, no history indicative of syphilitic infection and a negative serological test. In this classification will fall 97 to 98 per cent of all persons requesting premarital examinations.

*What should be done when the serological test is doubtful?*

Repeat the test. Study the case until a definite decision can be made. Do not alarm the patient, but advise that the question is of such importance that guesswork is not permissible. In doubtful tests made by a local laboratory, the state laboratory is required to accept specimens for checking purposes. If there are no early lesions, if there is no

\* From the California State Department of Public Health.

history suggestive of syphilitic infection, and if subsequent tests are negative or doubtful the marriage certificate should be signed.

*What should be done when the serological test is positive?*

Repeat the test. One positive test should not be considered sufficient to establish a diagnosis in the absence of clinical evidence of syphilis. (See *Diagnosis of Syphilis by the General Practitioner*, Supplement No. 5, to *Venereal Disease Information*. Copies obtainable from the California State Department of Public Health.)

*Which factors should be considered in certifying a syphilitic person for marriage?*

The danger of the patient infecting the marital partner is the only factor you are required by law to consider.

*When should a syphilitic patient be allowed to marry?*

Two matters should be considered in deciding the probability of a patient transmitting syphilis to the marital partner. They are duration of infection and thoroughness of treatment. The Wassermann reaction is not an index of infectiousness.

Infectiousness decreases with time. A person who has had syphilis for five years, treated or not, and regardless of whether the serological test is positive or negative, is considered, for practical purposes, noninfectious to the marital partner by most authorities and may be permitted to marry. However, there are rare cases in which infections are transmitted after five years. Persons with syphilis of long standing who have been inadequately treated should be advised that there is a possibility they may transmit the disease and urged to take a minimum of six months' continuous treatment before marriage. For such patients, treatment should be continued after marriage until the physician considers that an adequate course has been given.

Any patient with infection of less than five years' duration should be required to fulfill the following criteria: twelve to eighteen months of continuous treatment with alternating courses of an approved arsenical and heavy metal during the last year of which the patient has been seronegative. This course of treatment should be followed by a minimum of one year of probation in which the patient remains free of clinical and serological evidence of syphilis.

Any patient whose infection is of unknown duration should fulfill the same requirements as a case under five years' duration except that the Wassermann reversal is less essential.

Physicians should recognize that even the fulfillment of these requirements is not absolute proof against transmission of infection. They constitute a reasonable safeguard. A rare case may transmit infection and patients should be so advised. If they agree to take this remaining remote risk, the certificate should be issued.

If the early infection and treatment are complicated by such features as asymptomatic neurosyphilis, arsphenamin resistance, or Wassermann-fastness, marriage should be deferred until the patient has completed treatment and five years is known to have elapsed from date of infection.

The criteria recommended for issuing a certificate to a syphilitic, therefore, are as follows:

1. *A person who has had syphilis for more than five years and has not received adequate treatment may be permitted to marry, but in such cases a minimum of six months' continuous treatment before marriage is advised.*

2. *A person who has had syphilis less than five years should be given a minimum of twelve to eighteen months of continuous treatment, during the last year of which the patient is seronegative, to be followed by a year of probation during which the patient remains free of clinical and serological evidence of syphilis.*

3. *A person who has had syphilis of unknown duration should fulfill the same requirements as those outlined in*

*paragraph 2 except that Wassermann reversal is less essential.*

### Other Factors the Physician Should Consider

The danger of transmitting syphilis to the marital partner is the only matter the physician is required by law to consider in certifying a person for marriage. Good medical practice, however, requires that two other factors should also be considered: (1) the danger of transmission of syphilis to the unborn child; (2) the danger that syphilis may incapacitate the patient and shorten life, thereby adding to the economic hazards of marriage.

*What is the danger of transmission of infection to the unborn child?*

There is no danger that the fetus will be infected by the father if the mother does not become infected. If the mother is infected and untreated, there are approximately seven chances in eight for infection of the fetus. If the mother is adequately treated during pregnancy, beginning before the fifth month, there are at least ten chances in eleven that the child will be nonsyphilitic. Nearly absolute safety for the child may be obtained: (1) if the mother is adequately treated before pregnancy; (2) if, regardless of her own status at the time of pregnancy, she is treated continuously throughout the duration of each pregnancy.

*How much weight should be given to the danger of incapacity or death from syphilis?*

"The danger of incapacity or death from syphilis is a real one. . . . It is manifestly unfair for the syphilitic patient to expect his fiancée to accept this risk blindfold. If the patient's life is shortened or if, after marriage and the birth of several children, he becomes a bedridden invalid from cardiovascular or neurosyphilis, an economic tragedy may be precipitated. Marriage is a partnership, the hazards as well as the pleasures of which should be faced by both partners equally. For this reason, if for no other, no person who has acquired syphilis should contemplate marriage without a frank disclosure to his fiancée of the fact that he has had syphilis; and this announcement should be supplemented by a conference between his fiancée and physician, in which the possibilities of the future are frankly set forth. Many factors require consideration, *i. e.*, the earning capacity of the husband, his protection of life insurance, the ability of the wife to earn her own living if necessary, the possibility of financial security and insecurity. If the danger of infection is eliminated, and if the fiancée chooses to take the economic risk after full explanation, the physician need not object, even though his patient has tabes, paresis, or aneurysm."\*

As far as the California law is concerned, the strictly legal obligation of the physician is clear. He need only concern himself with the question of whether the applicant for a license has syphilis which is, or may become, communicable to the marital partner. Consideration of the health and economic outlook for the patient are not legal reasons for refusing to sign a certificate.

### PRENATAL LAW†

#### Prenatal Tests for Syphilis Suggestions to Physicians

Prenatal serological tests for syphilis are required on and after September 19, 1939, by Chapter 127, Acts of 1939. The law requires that every licensed physician and surgeon or any other person engaged in prenatal care of a pregnant woman, or attending such a woman at the time of delivery, shall take or shall have taken a blood specimen at the time of the first visit or within ten days thereafter.

\* From Moore's *Modern Treatment of Syphilis*. Courtesy of Charles C. Thomas, Publisher, Springfield, Illinois.

† From the California State Department of Public Health.